


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90175 045 ***150.00

DOCUMENT # P01000053487	
1. Entity Name RH BENEFITS CORP.	

Principal Place of Business 5584 AINSLEY COURT BOYNTON BEACH, FL 33437	Mailing Address PO BOX 24666 FORT LAUDERDALE, FL 33307-4666
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40049880



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 5584 Ainsley Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02272007 Chg-P CR2E034 (12/06)

City & State Boynton Beach, FL	City & State Boynton Beach, FL
Zip 33437	Country Palm Beach

4. FEI Number 65-1108572	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUDES, ROCHELLE 5584 AINSLEY COURT BOYNTON BEACH, FL 33437	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Rochelle Hudes</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 3/31/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUDES, ROCHELLE 5544 AINSLEY COURT BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Rochelle Hudes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 3/31/07 Daytime Phone # 954-551-0867